

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39744

FILED JAN 4 1951

BIRTH NO. _____		REG. DIST. NO. <u>6</u>		PRIMARY REG. DIST. NO. <u>3001</u>		Registrar's No. <u>24</u>	
1. PLACE OF DEATH a. COUNTY <u>Audrain</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u>			
b. CITY OR TOWN <u>Vandalia</u>		c. LENGTH OF STAY (in this place) <u>11/20/50 - 12/11/50</u>		c. CITY OR TOWN <u>Vandalia</u>		0001	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>306 East State</u>				d. STREET ADDRESS (If rural, give location) <u>306 East State</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Lois</u>		b. (Middle) <u>Julia</u>		c. (Last) <u>Lee</u>	
4. DATE OF DEATH		(Month) <u>Dec</u>		(Day) <u>11</u>		(Year) <u>1950</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Feb 25, 1854</u>	
9. AGE (in years last birthday) <u>96</u>		10. UNDER 1 YEAR <u>9</u>		11. UNDER 1 MIN. <u>16</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u>		11. BIRTHPLACE (State or foreign country) <u>Mercer County, Pennsylvania</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
13a. FATHER'S NAME <u>Caleb Kirk</u>		13b. MOTHER'S MAIDEN NAME <u>Julia Jacobs</u>		14. NAME OF HUSBAND OR WIFE <u>Sherman M. Lee</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Katy S. Hadley, Union, Iowa</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>generalized arteriosclerosis</u> DUE TO (c) <u>sensibility</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION _____				INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> <u>years</u> <u>10 years</u> <u>3 3/4</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>Dec 6</u> , 19 <u>50</u> , to <u>Dec 11</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Dec 11</u> , 19 <u>50</u> , and that death occurred at <u>900 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Ernest R. Kremer MD</u> (Degree or title)				23b. ADDRESS <u>Vandalia, Mo</u>		23c. DATE SIGNED <u>12/14/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec 13, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Farber Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Farber, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>DEC 26 1950</u>		REGISTRAR'S SIGNATURE <u>Mallie Fugate</u>		FUNERAL DIRECTOR'S SIGNATURE <u>W. Swaters</u> ADDRESS <u>Vandalia, Missouri</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1967 1 NOV

Date Received: DEC 27 1960
DISTRICT HEALTH OFFICE #2
District File Number 12-50-2
Date Filed: DEC 28 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

Wm. B. Waters

Licensed Embalmer No. 4169

P. O. Address *Wandalia Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.